

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		INO.	OEP.
	INO.	OEP.	INO.	OEP.	INO.	OEP.		
1	1					61		
2						62		
3						63		
4						64		
5						65		
6						66		
7						67		
8						68		
9						69		
10						70		
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29						89		
30						90		
31						91		
32						92		
33						93		
34						94		
35						95		
36						96		
37						97		
38						98		
39						99		
40						100		
41						TOTAL INO.		
42						TOTAL OEP.		
43						TOTAL		
44								
45								
46								
47								
48								
49								
50								
TOTAL INO.	1							
TOTAL OEP.	0	1	1	1	1			
TOTAL	1	1	1	1	1			